# Nevada Medicaid

HIPAA Transaction

Standard Companion Guide

Refers to the Technical Report Type 3
Document

Based on ASC X12N version: 005010X220A1

## Benefit Enrollment and Maintenance (834)

*The information in this Companion Guide is valid to use for the certification/testing to transition to the modernized MMIS and upon implementation of the MMIS Modernization Project*

December 18, 2020

Medicaid Management Information System (MMIS)

Department of Health and Human Services (DHHS)

Division of Health Care Financing and Policy (DHCFP)

# Disclosure Statement

The following Nevada Medicaid companion guide is intended to serve as a companion document to the corresponding Accredited Standards Committee (ASC) X12N/005010X220 Benefit Enrollment and Maintenance (834), its related Addenda (005010X220A1), and its related Errata (005010X220E1). The companion guide further specifies the requirements to be used when preparing, submitting, receiving, and processing electronic health care administrative data. The companion guide supplements, but does not contradict, disagree, oppose, or otherwise modify the 005010X220 in a manner that will make its implementation by users to be out of compliance.

NOTE:   Type 1 Technical Report Type 3 (TR3) Errata are substantive modifications, necessary to correct impediments to implementation and are identified with a letter "A" in the errata document identifier. Type 1 TR3 Errata were formerly known as Implementation Guide Addenda.
Type 2 TR3 Errata are typographical modifications and are identified with a letter "E" in the errata document identifier.

The information contained in this companion guide is subject to change. Electronic Data Interchange (EDI) submitters are advised to check the Nevada Medicaid EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx regularly for the latest updates.

DXC Technology is the fiscal agent for Nevada Medicaid and is referred to as Nevada Medicaid throughout this document.

# About DHCFP

The Nevada Department of Health and Human Services' Division of Health Care Financing and Policy (DHCFP) works in partnership with the Centers for Medicare & Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources. The medical programs are known as Medicaid and Nevada Check Up.

DHCFP website: Medicaid Services Manual, rates, policy updates, public notices: http://dhcfp.nv.gov.

# Preface

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the Electronic Data Interchange (EDI) standards for health care as established by the Secretary of Health and Human Services.

This companion guide to the 5010 ASC X12N TR3 documents and associated errata and addenda adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically with Nevada Medicaid. Transmissions based on this companion guide, used in tandem with 005010 ASC X12 TR3 documents, are compliant with both ASC X12 syntax and those guides. This companion guide is intended to convey information that is within the framework of the ASC X12N TR3 documents adopted for use under HIPAA. The companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the TR3 documents.

# Table of Contents

# 1 Introduction

This section describes how TR3 Implementation Guides, also called 834 ASC X12N (version 005010X220A1), adopted under HIPAA, will be detailed with the use of a table. The tables contain a Notes/Comments column for each segment that Nevada Medicaid has information additional to the TR3 Implementation Guide. That information can:

- Limit the repeat of loops, or segments

- Limit the length of a simple data element

- Specify a sub-set of the implementation guide's internal code listings

- Clarify the use of loops, segments, composite and simple data elements

- Provide any other information tied directly to a loop, segment, and composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment, (highlighted in blue in the tables), one or more additional rows are used to describe Nevada Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

The following table specifies the columns and suggested use of the rows for the detailed description of the transaction set companion guides. The table contains a Notes/Comments column to provide additional information from Nevada Medicaid for specific segments provided by the TR3 Implementation Guide. The following is just an example of the type of information that would be spelled out or elaborated on in the Section 10: Transaction Specific Information.

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 193 | 2100C | NM1 | Subscriber Name | | | This type of row always exists to indicate that a new segment has begun. It is always shaded at 10 percent and notes or comments about the segment itself go in this cell. |
| 193 | 2100C | NM109 | Subscriber Primary Identifier | 00 | 15 | This type of row exists to limit the length of the specified data element. |
| 196 | 2100C | REF | Subscriber Additional Identification | | | |
| 197 | 2100C | REF01 | Reference Identification Qualifier | 18, 49, 6P, HJ, N6 | | These are the only codes transmitted by Nevada Medicaid Management Information System (NVMMIS). |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| | | | Plan Network Identification Number | N6 | | This type of row exists when a note for a particular code value is required. For example, this note may say that value N6 is the default. Not populating the first three columns makes it clear that the code value belongs to the row immediately above it. |
| 218 | 2110C | EB | Subscriber Eligibility or Benefit Information | | | |
| 241 | 2110C | EB13-1 | Product/Service ID Qualifier | AD | | This row illustrates how to indicate a component data element in the Reference column and also how to specify that only one code value is applicable. |

## 1.1  Scope

This section specifies the appropriate and recommended use of the companion guide.

This companion guide is intended for Trading Partner use in conjunction with the TR3 HIPAA 5010 834 Implementation Guide for the purpose of receiving benefit enrollment and maintenance transactions electronically. This companion guide is not intended to replace the TR3 Implementation Guide. The TR3 defines the national data standards, electronic format, and values for each data element with an electronic transaction. The purpose of this companion guide is to provide Trading Partners with a companion guide to communicate Nevada Medicaid-specific information required to successfully exchange transactions electronically with Nevada Medicaid. The instructions in this companion guide are not intended to be stand-alone requirements. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guide and is in conformance with ASC X12's Fair Use and Copyright statements.

The intended purpose of this document is to provide information such as registration, testing, support and specific transaction requirements to EDI Trading Partners that exchange X12 information with the Nevada Medicaid Agency.

This companion guide provides specific requirements for receiving benefit enrollment and maintenance transactions (834).

## 1.2  Overview

This section specifies how to use the various sections of the document in combination with each other.

Nevada Medicaid created this companion guide for Nevada Trading Partners to supplement the X12N Implementation Guide. This guide contains Nevada Medicaid specific instructions related to the following:

- Data formats, content, codes, business rules and characteristics of the electronic transaction

- Technical requirements and transmission options

- Information on testing procedures that each Trading Partner must complete before transmitting electronic transactions

This companion guide must be used in conjunction with the TR3 instructions. The companion guide is intended to assist Trading Partners in implementing electronic 834 transactions that meet Nevada Medicaid processing standards by identifying pertinent structural and data-related requirements and recommendations. Updates to this companion guide will occur periodically and new documents will be posted on the Nevada Medicaid EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx.

## 1.3   References

This section specifies additional useful reference documents; for example, the X12N Implementation Guides adopted under HIPAA to which this document is a companion.

The TR3 implementation guide specifies in detail the required formats for transactions exchanged electronically with an insurance company, health care payer, or government agency. The TR3 implementation guide contains requirements for the use of specific segments and specific data elements within those segments and applies to all health care providers and their Trading Partners. It is critical that your IT staff or software vendor review this document in its entirety and follow the stated requirements to exchange HIPAA-compliant files with Nevada Medicaid.

The implementation guides for X12N and all other HIPAA standard transactions are available electronically at https://www.wpc-edi.com/.

## 1.4   Additional Information

The intended audience for this document is the technical and operational staff responsible for generating, receiving and reviewing electronic health care transactions.

# 2  Getting Started

This section describes how to interact with Nevada Medicaid's EDI Help Desk.

The Nevada Medicaid EDI Help Desk can be contacted at (877) 638-3472 options 2, 0, and then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays. You can also send an email to nvmmis.edisupport@dxc.com.

## 2.1  Trading Partner Enrollment

This section describes how to enroll as an Encounter Trading Partner with Nevada Medicaid.

In order to submit and/or receive transactions with Nevada Medicaid, Trading Partners must complete a Trading Partner Profile (TPP) agreement, establish connectivity and certify transactions.

- A Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, etc.) that transmits electronic data to and receives electronic data from another entity. Nevada Medicaid requires all Trading Partners to complete a TPP agreement regardless of the Trading Partner type listed below

- Vendor is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.

  o  Software vendor is an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions.

  o  Billing service is a third party that prepares and/or submits claims for a provider.

  o  Clearinghouse is a third party that submits and/or exchanges electronic transactions on behalf of a provider.

Establishing a Trading Partner Profile (TPP) agreement is a simple process which the Trading Partner completes using the Nevada Medicaid Provider Web Portal. The Provider Web Portal is located at: https://www.medicaid.nv.gov/hcp/provider.

Trading Partners must agree to the Nevada Medicaid Trading Partner Agreement at the end of the Trading Partner Profile enrollment process. Once the TPP application is completed, an 8-digit Trading Partner ID will be assigned.

After the TPP Agreement has been completed, the Trading Partner must submit a Secure Shell (SSH) public key file to Nevada Medicaid to complete their enrollment. Once the SSH key is received, users will be contacted to initiate the process to exchange the directory structure and authorization access on the Nevada Medicaid external SFTP servers.

Failure to provide the SSH key file to Nevada Medicaid will result in the TPP application request being rejected and you will be unable to submit transactions electronically to Nevada Medicaid. Please submit the SSH public key via email within five business days of completing the TPP application. Should you require additional assistance with information on SSH keys, please contact the Nevada EDI Help Desk at (877) 638-3472 options 2, 0, and then 3.

## 2.2   Certification and Testing Overview

This section provides a general overview of what to expect during certification and testing phases.

All Trading Partners who submit electronic transactions with Nevada Medicaid will be certified through the completion of Trading Partner testing. This includes Clearinghouses, Software Vendors, Provider Groups and Managed Care Organizations (MCOs).

Providers who use a billing agent, clearinghouse or software vendor will not need to test for those electronic transactions that their entity submits on their behalf.

# 3 Testing with Nevada Medicaid

This section contains a description of the testing phase.

Testing is conducted to ensure compliance with HIPAA guidelines. Outbound 834 transactions are validated through Strategic National Implementation Process (SNIP) Level 4. Refer to Appendix C for a list of SNIP Level 4 edits.

The following transactions are available for testing:

- 834 Benefit Enrollment and Maintenance

- 820 Health Care Premium Payment

Note: Testing for 834 and 820 transactions will need to be coordinated with the EDI Help Desk. Contact the Nevada Medicaid EDI Help Desk at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays or send an email to nvmmis.edisupport@dxc.com.

## 3.1 Testing Process

The following points are actions that a Trading Partner will need to take before receiving production files from Nevada Medicaid:

- Enroll by using the Trading Partner Enrollment Application on the Nevada Medicaid Provider Web Portal to obtain a new Trading Partner ID

- Register on the Nevada Medicaid Provider Web Portal

- Receive EDI Trading Partner Welcome Letter indicating Trading Partner Profile (TPP) has been approved for testing

- Receive 834 test file (needs to be coordinated with the EDI Help Desk)

- Receive Production Authorization letter containing a list of approved transactions that could be received from the production environment along with the connection information

To begin the testing process, please review the Nevada Medicaid Trading Partner User Guide located at: https://www.medicaid.nv.gov/providers/edi.aspx.

## 3.2 File Naming Standard

The following naming standards are used when receiving 834 outbound files from Nevada Medicaid:

- File Tracking ID_Correlated file Tracking ID_Checksum_Transaction Type, X12BATCH_number of INS segments_Trading Partner ID.filetype.

Examples are as follows:

- 1709777_0_A83899BE_834X12BATCH_0_TPID1234.834

- 1715283_0_4D960549_834X12BATCH_0_TPID1234.834

Note: The files are in plain text and can be opened with any text editor.

## 3.3   File Retention

All electronic files that have been made available for download will remain available online for download for sixty (60) days. This applies to Web Portal and SFTP Trading Partners.

After the 60 days' time frame, the files will be removed from the list and will no longer be available for download. This applies to testing and production environments.

## 3.4   Payer Specific Documentation

For additional information in regards to business processes related to eligibility, prior authorization and claims processing, please review the Billing Manual located on the Nevada Medicaid Provider Billing Information webpage at: https://www.medicaid.nv.gov/providers/BillingInfo.aspx.

# 4 Connectivity with Nevada Medicaid/ Communications

This section describes the process to receive HIPAA 834 transactions, along with retrieval methods, security requirements, and exception handling procedures.

Nevada Medicaid supports multiple methods for exchanging electronic healthcare transactions depending on the Trading Partner's needs. For HIPAA 834 transactions, the following can be used:

- Secure File Transfer Protocol (SFTP) (Batch Only)

- The Nevada Medicaid Provider Web Portal (not recommended due to the size limitations on the monthly 834 file)

## 4.1 Process Flows

This section contains a process flow diagram and appropriate text.



High Level 834 Flow
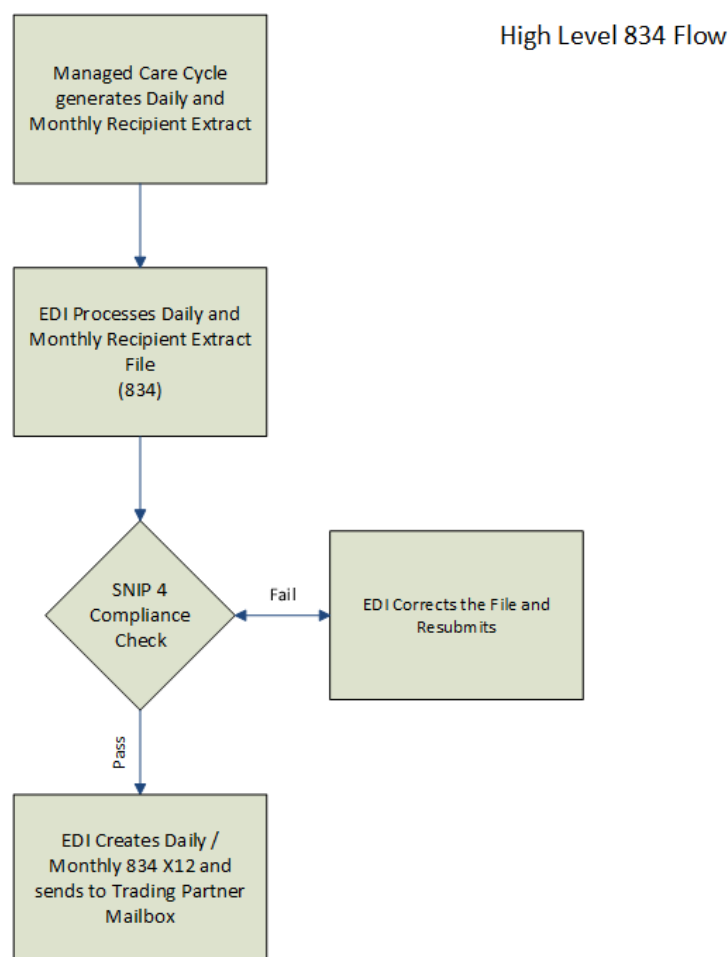
## 4.2   Health Care Encounter Claim and Response

Managed Care generates a file and sends to EDI. EDI processes the file and runs SNIP 4 compliance check. The X12 834 file is delivered to the Trading Partners mailbox.

## 4.3   Transmission Administrative Procedures

This section provides Nevada Medicaid's specific transmission administrative procedures.

For details about available Nevada Medicaid Access Methods, refer to the Communication Protocol Specifications section below.

Nevada Medicaid is only available to authorized users. The submitter/receiver must be a Nevada Medicaid Trading Partner. Each Trading Partner is authenticated using the Username and private SSH key provided by the Trading Partner as part of the enrollment process.

## 4.4   System Availability

The system is typically available 24X7 with the exception of scheduled maintenance windows as noted on the Nevada Medicaid website at https://www.medicaid.nv.gov/.

## 4.5   File Size Limitation

Nevada Medicaid Provider Web portal contains the following size limitation.

| Transactions | Submission Method | File Size Limit | Other Conditions |
|---|---|---|---|
| 834 | SFTP | | No file size limits. |
| 820 | SFTP | | BPR02 less than 12 characters excluding negative sign. |
| 834 | Web Portal | 4 MB | |
| 820 | Web Portal | 4 MB | |

## 4.6   Communication Protocol Specifications

This section describes Nevada Medicaid's communication protocol(s).

- **Secure File Transfer Protocol (SFTP)**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid SFTP server using the SSH private key and assigned user name. There is no password for the connection.

- **Nevada Medicaid Provider Web Portal**: Nevada Medicaid allows Trading Partners to connect to the Nevada Medicaid Provider Web Portal. Refer to the Trading Partner User Guide for instructions.

## 4.7   Passwords

Trading Partners must adhere to Nevada Medicaid's use of passwords. Trading Partners are responsible for managing their own data. Each Trading Partner must take all necessary precautions to ensure that they are safeguarding their information and sharing their data (e.g., granting access) only with users and entities who meet the required privacy standards. It is equally important that Trading Partners know who on their staff is linked to other providers or entities, in order to notify those entities whenever they remove access for that person in your organization(s).

# 5 Contact Information

Refer to this companion guide with questions, and then use the contact information below for questions not answered by this guide.

## 5.1 EDI Customer Service

This section contains detailed information concerning EDI Customer Service, especially contact numbers.

Most questions can be answered by referencing materials posted on the Nevada Medicaid website at https://www.medicaid.nv.gov.

If you have questions related to the Nevada Medicaid 834 transaction, you may contact the EDI Help Desk at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@dxc.com.

## 5.2 EDI Technical Assistance

This section contains detailed information concerning EDI Technical Assistance, especially contact numbers.

The Nevada Medicaid EDI Help Desk can help with connectivity issues or transaction formatting issues at (877) 638-3472 options 2, 0, then 3, Monday through Friday, 8:00 a.m. to 5:00 p.m. Pacific Time, with the exception of Nevada State holidays, or send an email to nvmmis.edisupport@dxc.com.

Please have your 8-digit Trading Partner ID available. Trading Partners should have this number available each time they contact the Nevada Medicaid EDI Help Desk.

For written correspondence:

Nevada Medicaid
PO Box 30042
Reno, Nevada 89520-3042

## 5.3 Customer Service/Provider Enrollment

This section contains information for contacting Customer Service and Provider Enrollment.

Customer Service should be contacted instead of the EDI Help Desk for questions regarding claim status information and provider enrollment.

Customer Service

- Phone: (877) 638-3472 (select option 2, option 0 and then option 2)
- Billing Manual can be found at:
  https://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf


Provider Enrollment

- Phone: (877) 638-3472 (select option 2, option 0 and then option 5)
- E-mail: nv.providerapps@dxc.com (license updates and voluntary terminations only)

- Provider Enrollment Information Booklet can be found at:
  https://www.medicaid.nv.gov/Downloads/provider/NV_Provider_Enrollment_Information_Booklet.pdf

# 5.4   Applicable Websites/Email

This section contains detailed information about useful websites.

- Accredited Standards Committee (ASC X12): ASC X12 develops and maintains standards for inter-industry electronic interchange of business transactions. www.x12.org.

- Accredited Standards Committee (ASC X12N): ASC X12N develops and maintains X12 EDI and XML standards, standards interpretations, and guidelines as they relate to all aspects of insurance and insurance-related business processes. www.x12.org.

- American Dental Association (ADA): Develops and maintains a standardized data set for use by dental organizations to transmit claims and encounter information. www.ada.org.

- American Hospital Association Central Office on ICD-10-CM/ICD-10-PCS (AHA): This site is a resource for the International Classifications of Diseases, 10th edition, Clinical Modification (ICD-10-CM) codes, used for reporting patient diagnoses and (ICD-10-PCS) for reporting hospital inpatient procedures. www.ahacentraloffice.org.

- American Medical Association (AMA): This site is a resource for the Current Procedural Terminology 4th Edition codes (CPT-4). The AMA copyrights the CPT codes. www.ama-assn.org.

- Centers for Medicare & Medicaid Services (CMS): CMS is the unit within HHS that administers the Medicare and Medicaid programs. Information related to the Medicaid HIPAA Administrative Simplification provision, along with the Electronic Health-Care Transactions and Code Sets, can be found at https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/.

  This site is the resource for information related to the Healthcare Common Procedure Coding System (HCPCS). www.cms.hhs.gov/HCPCSReleaseCodeSets/.

- Committee on Operating Rules for Information Exchange (CORE): A multi-phase initiative of Council for Affordable Quality Healthcare, CORE is a committee of more than 100 industry leaders who help create and promulgate a set of voluntary business rules focused on improving physician and hospital access to electronic patient insurance information at or before the time of care. www.caqh.org/CORE_overview.php.

- Council for Affordable Quality Healthcare (CAQH): A nonprofit alliance of health plans and trade associations, working to simplify healthcare administration through industry collaboration on public-private initiatives. Through two initiatives – the Committee on Operating Rules for Information Exchange and Universal Provider Datasource, CAQH aims to reduce administrative burden for providers and health plans. www.caqh.org.

- Designated Standard Maintenance Organizations (DSMO):        This site is a resource for information about the standard-setting organizations and transaction change request system. www.hipaa-dsmo.org.

- Health Level Seven (HL7): HL7 is one of several ANSI-accredited Standards Development Organizations (SDOs), and is responsible for clinical and administrative data standards. www.hl7.org.

- Healthcare Information and Management Systems (HIMSS): An organization exclusively focused on providing global leadership for the optimal use of IT and management systems for the betterment of health care. www.himss.org.

- National Committee on Vital and Health Statistics (NCVHS): The National Committee on Vital and Health Statistics was established by Congress to serve as an advisory body to the Department of Health and Human Services on health data, statistics, and national health information policy. www.ncvhs.hhs.gov.

- National Council of Prescription Drug Programs (NCPDP): The NCPDP is the standards and codes development organization for pharmacy. www.ncpdp.org.

- National Uniform Billing Committee (NUBC): NUBC is affiliated with the American Hospital Association. It develops and maintains a national uniform billing instrument for use by the institutional health-care community to transmit claims and encounter information. www.nubc.org.

- National Uniform Claim Committee (NUCC): NUCC is affiliated with the American Medical Association. It develops and maintains a standardized data set for use by the non-institutional health-care organizations to transmit claims and encounter information. NUCC maintains the national provider taxonomy. www.nucc.org.

- Nevada Department of Health and Human Services (DHHS) Division of Health Care Financing and Policy (DHCFP): The DHCFP website assists with policy questions: dhcfp.nv.gov and this website assists providers with billing and enrollment support: www.medicaid.nv.gov.

- Office for Civil Rights (OCR): OCR is the office within the Department of Health and Human Services responsible for enforcing the Privacy Rule under HIPAA. www.hhs.gov/ocr/hipaa.

- United States Department of Health and Human Services (HHS): The DHHS website is a resource for the Notice of Proposed Rule Making, rules, and their information about HIPAA. www.aspe.hhs.gov/admnsimp.

- Washington Publishing Company (WPC): WPC is a resource for HIPAA-required transaction technical report type 3 documents and code sets. www.wpc-edi.com.

- Workgroup for Electronic Data Interchange (WEDI): WEDI is a workgroup dedicated to improving health-care through electronic commerce, which includes the Strategic National Implementation Process (SNIP) for complying with the administrative-simplification provisions of HIPAA. www.wedi.org.

# 6 Control Segments/Envelopes

The page numbers listed below in each of the tables represent the corresponding page number in the X12N 834 HIPAA Implementation Guide.

| X12N EDI Control Segments |
|---|
| ISA – Interchange Control Header Segment |
| IEA – Interchange Control Trailer Segment |
| GS – Functional Group Header Segment |
| GE – Functional Group Trailer Segment |
| ST – Transaction Set Header |
| SE – Transaction Set Trailer |
| TA1 – Interchange Acknowledgement |

## 6.1   ISA-IEA

This section describes Nevada Medicaid's use of the interchange control segments. It includes a description of expected sender and receiver codes, authorization information, and delimiters.

To promote efficient, accurate electronic transaction processing, please note the following Nevada Medicaid specifications:

- Each Trading Partner is assigned a unique Trading Partner ID

- All dates are in the CCYYMMDD format, with the exception of the ISA09 which is YYMMDD

- All date/times are in the CCYYMMDDHHMM format

- Nevada Medicaid Payer ID is NVMED

- Only one ISA/IEA will be present within a logical file

Transactions transmitted during a session or as a batch are identified by an ISA header segment and IEA trailer segment, which form the envelope enclosing the transmission. Each ISA marks the beginning of the transmission (batch) and provides sender and receiver identification. The tables below represent the interchange envelope information.

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| C.4 | | ISA | Interchange Control Header | | | |
| C.4 | | ISA01 | Authorization Information Qualifier | 00 | 2 | |
| C.4 | | ISA02 | Authorization Information | | 10 | Space fill |
| C.4 | | ISA03 | Security Information Qualifier | 00 | 2 | |
| C.4 | | ISA04 | Security Information | | 10 | Space fill |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| C.4 | | ISA05 | Interchange ID Qualifier | ZZ | 2 | |
| C.4 | | ISA06 | Interchange Sender ID | NVMED | 15 | NV Medicaid Trading Partner ID, left justified and space filled. |
| C.5 | | ISA07 | Interchange ID Qualifier | ZZ | 2 | |
| C.5 | | ISA08 | Interchange Receiver ID | | 15 | 8-digit Trading Partner ID supplied by Nevada Medicaid, left justified, and space filled. |
| C.5 | | ISA09 | Interchange Date | | 6 | Format is YYMMDD |
| C.5 | | ISA10 | Interchange Time | | 4 | Format is HHMM |
| C.5 | | ISA11 | Repetition Separator | ^ | 1 | The repetition separator is a delimiter and not a data element. It is used to separate repeated occurrences of a simple data element or a composite data structure. |
| C.5 | | ISA12 | Interchange Control Version Number | 00501 | 5 | |
| C.5 | | ISA13 | Interchange Control Number | | 9 | This will be identical to the value in the IEA02. |
| C.6 | | ISA14 | Acknowledgement Requested | 0 | 1 | |
| C.6 | | ISA15 | Interchange Usage Indicator | T, P | 1 | P = Production Data T = Test Data |
| C.6 | | ISA16 | Component Element Separator | : | 1 | The component element separator is a delimiter and not a data element. It is used to separate component data elements within a composite data structure. |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| C10 | | IEA | Interchange Control Trailer | | | |
| C.10 | | IEA01 | Number of Included Functional Groups | | 1/5 | Number of included Functional Groups. |
| C.10 | | IEA02 | Interchange Control Number | | 9 | The control number assigned by the interchange sender. This will be identical to the value in the ISA13. |

## 6.2 GS-GE

This section describes Nevada Medicaid's use of the functional group control segments.

It includes a description of expected application sender and receiver codes. Also included in this section is a description concerning how Nevada Medicaid will send functional groups. These discussions will describe how similar transaction sets will be packaged and Nevada Medicaid's use of functional group control numbers. The tables below represent the functional group information.

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| C.7 | | GS | Functional Group Header | | | |
| C.7 | | GS01 | Functional Identifier code | BE | 2 | |
| C.7 | | GS02 | Application Sender's Code | NVMED | 5 | NV Medicaid Trading Partner ID. |
| C.7 | | GS03 | Application Receiver's Code | | | The 8-digit Trading Partner ID. |
| C.7 | | GS04 | Functional Group Creation Date | | 8 | Format = CCYYMMDD |
| C.8 | | GS05 | Functional Group Creation Time | | 6 | Format = HHMMSS |
| C.8 | | GS06 | Group Control Number | | 9 | This will be identical to the value in the GE02. |
| C.8 | | GS07 | Responsible Agency Code | X | 1 | |
| C.8 | | GS08 | Version/Release/Industry Identifier Code | | 12 | 005010X220A1 |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| C.9 | | GE | Functional Group Trailer | | | |
| C.9 | | GE01 | Number of Transaction Sets Included | | 1/6 | Number of included Transaction Sets. |
| C.9 | | GE02 | Group Control Number | | 1/9 | This will be identical to the value in the GS06. |

## 6.3  ST-SE

This section describes Nevada Medicaid's use of transaction set control numbers.

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments).

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 70 | | ST | Transaction Set Header | | | |
| 70 | | ST01 | Transaction Set Identifier Code | 834 | 3 | |
| 70 | | ST02 | Transaction Set Control Number | | 4/9 | This will be identical to the value in the SE02. |
| 70 | | ST03 | Implementation Convention Reference | | 12 | 005010X220A1 This will be Identical to the value in the GS08. |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 496 | | SE | Transaction Set Trailer | | | |
| 496 | | SE01 | Transaction Segment Count | | 1/10 | Total number of segments included in a transaction set including ST and SE segments. |
| 496 | | SE02 | Transaction Set Control Number | | 4/9 | This will be Identical to the value in the ST02. |

# 7  Nevada Medicaid Specific Business Rules and Limitations

This section describes Nevada Medicaid's specific business rules and limitations for the 834 Benefit Enrollment and Maintenance transaction.

Before receiving electronic benefit enrollment and maintenance transactions from Nevada MMIS, please review the appropriate HIPAA Technical Report Type 3 (TR3) Implementation Guide and Nevada Medicaid Companion Guide.

## 7.1  834 Availability

Daily Files

- Daily files include members which have a maintenance type code of "021 = Addition" or "002 = Historied or Void" or "024 = Cancellation or Termination." The maintenance type code of "024" is reported if there is a date of death or if the recipient's eligibility has been historied. The daily file created out of the monthly cycle will report code of "024" if the recipient has something updated since the last monthly file was generated.
- Daily files are made available to the Trading Partner each evening.

Note:  Daily files are generated if DHCFP has updates for a recipient enrolled in a Managed Care Organization.  If no updates are performed, then no enrollment file will be generated and made available to the MCO.

Monthly Files

- Monthly files include members which have a maintenance type code of "001 = Change," "021 = Addition" or "024 = Cancellation or Termination."
- Monthly files run on the last Wednesday of the month, minus 3 days.  Monthly files will be made available to the Trading Partner on the Monday following, by noon Pacific Time.

Example:  The last Wednesday in the month of June 2019 is the 26th. If you subtract 3 days, the monthly file will be generated on Sunday, June 23, and made available to the Trading Partner on Monday, June 24.

## 7.2  Logical File Structure

There will only be one interchange (ISA/IEA) per logical file. The interchange can contain multiple functional groups (GS/GS) however; the functional groups must be the same type

## 7.3  Compliance Checking

Outbound 834 transactions are validated through Strategic National Implementation Process (SNIP) Level 4 before they are delivered. Refer to Appendix C for a list of SNIP Level 4 edits.

## 7.4  Language Codes

The 834 transaction includes the ISO 639 language codes. The codes are sent in the LUI02 segment, loop 2100A with LUI01 as LE.

# 7.5   ST/SE and ISA/ISE Envelopes

Additions, cancellations and audits are each listed in their own, separate ST/SE envelope. All three groups are contained in one ISA/ISE envelope. The intent of this structure is to clearly identify enrollment changes. Recipients who appear on the addition list will also appear on the audit list because they are participants for that month and they are new additions.

# 7.6   Multiple Detail Information

When there is a change to the member Eligibility and Managed Care Assignment on the same day, the 2000, 2100A, 2100G and 2300 loops will repeat.

Here are some examples where multiple occurrences would be sent:

Example_1: Recipient Managed Care assignment is retro end dated, and a new Managed Care Assignment is added on the same day.

a.   Recipient has existing Eligibility and Aid Category, effective 10-01-2018 to 12-31-2299
b.   Recipient Eligibility and Aid Category is retro end dated to 12-31-2018
c.   Recipient has existing Managed Care Assignment, effective 10-01-2018 to 12-31-2299
d.   Recipient Managed Care Assignment is retro end dated to 12/31/2018
e.   On the same day, Recipient Eligibility and Aid Category is added, effective date of 2-1-2019 to 12-31-2299 EOT (end of time)
f.   On the same day, Recipient Managed Care Assignment is added, effective 2-1-2019 to 12/31/2299 EOT (end of time)

**Expected Results:**
The first occurrence of the 2000 and 2300 loops will contain an "024" maintenance code.
The second occurrence of the 2000 and 2300 loops will contain an "021" maintenance code.

2000 loop (first occurrence)

| Maintenance Code | 356 (Effective date) | 357 (End date) |
|---|---|---|
| 024 | 10/1/2018 | 12/31/2018 |

2300 loop (first occurrence)

| Maintenance Code | 348 (Effective date) | 349 (End date) |
|---|---|---|
| 024 | 10/1/2018 | 12/31/2018 |

2000 loop (second occurrence)

| Maintenance Code | 356 (Effective date) | 357 (End date) |
|---|---|---|
| 021 | 2/1/2019 | No 357 is sent |

2300 loop (second occurrence)

| Maintenance Code | 348 (Effective date) | 349 (End date) |
|---|---|---|
| 021 | 2/1/2019 | No 349 is sent |

Example_2: Recipient has Managed Care Eligibility and Assignments with gaps/breaks in coverage dates with different aid categories, added on the same day for the same MCO.

**Different Aid Categories:**

a. Recipient Eligibility is added with Aid Code Category **CH5**: 10/01/2018 – 12/31/2018
   Recipient Managed Care Assignment is added from 10-1-2018 to 12-31-2018

b. Recipient Eligibility is added with Aid Code Category **AM15**: 02/01/2019 – 04/30/2019
   Recipient Managed Care Assignment is added from 02-01-2019 to 04/30/2019

c. Recipient Eligibility is added with Aid Code Category **AM5**: 06/01/2019 – 12/31/2299
   Recipient Managed Care Assignment is added from 06/01/2019 to 12/31/2299

**Expected Results:**

The first, second and third occurrence of the 2000 and 2300 loops will contain an "021" maintenance code.

2000 loop (first occurrence)

| Maintenance Code | 356 (Effective date) | 357 (End date) | AC |
|---|---|---|---|
| 021 | 10/1/2018 | 12/31/2018 | CH5 |

2300 loop (first occurrence)

| Maintenance Code | 348 (Effective date) | 349 (End date) | AC |
|---|---|---|---|
| 021 | 10/1/2018 | 12/31/2018 | CH5 |

2000 loop (second occurrence)

| Maintenance Code | 356 (Effective date) | 357 (End date) | AC |
|---|---|---|---|
| 021 | 2/1/2019 | 4/30/2019 | AM15 |

2300 loop (second occurrence)

| Maintenance Code | 348 (Effective date) | 349 (End date) | AC |
|---|---|---|---|
| 021 | 2/1/2019 | 4/30/2019 | AM15 |

2000 loop (third occurrence)

| Maintenance Code | 356 (Effective date) | 357 (End date) | AC |
|---|---|---|---|
| 021 | 6/1/2019 | no 357 is sent | AM5 |

2300 loop (third occurrence)

| Maintenance Code | 348 (Effective date) | 349 (End date) | AC |
|---|---|---|---|
| 021 | 6/1/2019 | no 349 is sent | AM5 |

Note: For multiple occurrence examples, refer to Appendix D.

# 7.7  Historied Assignment vs One Day Assignment

To differentiate one-day assignments from historied assignments:

- The 834-file will generate maintenance code **002 (new)** for a HISTORIED Managed Care assignment on the 2300 loop and maintenance code 024 for the eligibility on the 2000 loop.
- The 834-file will generate maintenance code 024 on the 2000 loop and the 2300 loop for a TERMINATED ONE-DAY assignment.

**Here are some examples where historied occurrences would be sent:**

**Example_1:** The recipient has active current Managed Care assignment and history past assignment with NO gap/breaks in coverages dates.

- a.  Recipient has current eligibility effective 05/01/2020 to 12/31/2299 end of time (EOT).
- b.  Recipient had past eligibility effective 02/01/2020 to 04/30/2020 no gap between the current eligibility and this eligibility.
- c.  Recipient has current Managed Care assignment effective 05/01/2020 to 12/31/2299 end of time (EOT).
- d.  Recipient had past Managed Care assignment effective 02/01/2020 to 04/30/2020 no gap between the current assignment and this assignment.
- e.  The recipient past eligibility effective 02/01/2020 to 04/30/2020 is historied.
- f.  The daily Managed Care Cycle is run.
- g.  The recipient past Managed Care assignment effective 02/01/2020 to 04/30/2020 is historied.
- h.  The recipient current Managed Care assignment effective 05/01/2020 to 12/31/2299 end of time (EOT) is still active.

**Expected Results:**

The first occurrence of the 2000 loop will contain an "024" and the 2300 loop will contain an "002" maintenance code.

The second occurrence of the 2000 and 2300 loops will contain an "001" maintenance code.

```
2000 loop (first occurrence)
    Maintenance Code        356 (Effective date)    357 (End date)
        024                     2/1/2020                2/1/2020
                            (because historied)     (because historied)
2300 loop (first occurrence)
    Maintenance Code        348 (Effective date)    349 (End date)
        002                     2/1/2020                2/1/2020
                            (because historied)     (because historied)
2000 loop (second occurrence)
    Maintenance Code        356 (Effective date)    357 (End date)
        001                     5/1/2020             No 357 is sent
2300 loop (second occurrence)
    Maintenance Code        348 (Effective date)    349 (End date)
        001                     5/1/2020             No 349 is sent
```

**Example_2:** The recipient current active Managed Care assignment is historied with gap/breaks in coverages dates.

a. Recipient has current eligibility effective 6/1/2020 to 12/31/2299 end of time (EOT).
b. Recipient had past eligibility effective 12/1/2019 to 4/30/2020 gap between the current eligibility and this eligibility.
c. Recipient has current Managed Care assignment effective 6/1/2020 to 12/31/2299 end of time (EOT).
d. Recipient had past Managed Care assignment effective 12/1/2019 to 4/30/2020 gap between the current assignment and this assignment.
e. The Recipient current eligibility effective 6/1/2020 to 12/31/2299 end of time (EOT) is historied.
f. The daily Managed Care Cycle is run.
g. The Recipient current Managed Care assignment effective 6/1/2020 to 12/31/2299 end of time (EOT) is historied.

**Expected Results:**

The first occurrence of the 2000 loop will contain an "024" and the 2300 loop will contain an "002"maintenance code.

| 2000 loop (first occurrence) | | |
|---|---|---|
| Maintenance Code | 356 (Effective date) | 357 (End date) |
| 024 | 6/1/2020 | 6/1/2020 |
| | (because historied) | (because historied) |
| 2300 loop (first occurrence) | | |
| Maintenance Code | 348 (Effective date) | 349 (End date) |
| **002** | 6/1/2020 | 6/1/2020 |
| | (because historied) | (because historied) |

**Here is an example of where one-day occurrence would be sent:**

**Example_3:** The recipient Managed Care assignment effective date is the same date as the date of death: One-day Assignment.

a. The recipient has eligibility effective 5/7/2020 to 12/31/2299 end of time (EOT).
b. The recipient has Managed Care assignment effective 5/7/2020 to 12/31/2299 end of time.
c. The recipient DOD is added 5/7/2020.
d. The recipient eligibility is end dated 5/7/2020.
e. The daily Managed Care Cycle is run.
f. The recipient Managed Care assignment effective 5/7/2020 is end dated 5/7/2020.

**Expected Results:**

The first occurrence of the 2000 and 2300 loops will contain an "024" maintenance code.

| 2000 loop (first occurrence) | | |
|---|---|---|
| Maintenance Code | 356 (Effective date) | 357 (End date) |
| 024 | 5/7/2020 | 5/7/2020 |
| 2300 loop (first occurrence) | | |

| Maintenance Code | 348 (Effective date) | 349 (End date) |
| --- | --- | --- |
| 024 | 5/7/2020 | 5/7/2020 |

Note: For Historied vs One-day occurrence examples, refer to Appendix D.

# 8 Acknowledgements and/or Reports

The 834 is an outbound transaction and there are no associated responses.

## 8.1 Report Inventory

There are no acknowledgement reports at this time.

# 9 Trading Partner Agreements

Trading Partners who intend to conduct electronic transactions with Nevada Medicaid must agree to the terms of the Nevada Medicaid Trading Partner Agreement.

An EDI Trading Partner is defined as any entity (provider, billing service, software vendor, employer group, financial institution, etc.) that conducts electronic transactions with Nevada Medicaid. The Trading Partner and Nevada Medicaid acknowledge and agree that the privacy and security of data held by or exchanged between them is of utmost priority. Each party agrees to take all steps reasonably necessary to ensure that all electronic transactions between them conform to all HIPAA regulations.

Payers have EDI Trading Partner Agreements that accompany the standard implementation guide to ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

A copy of the agreement is available on the Nevada Medicaid EDI webpage at https://www.medicaid.nv.gov/providers/edi.aspx.

# 10  Transaction Specific Information

This section describes how ASC X12N TR3 Implementation Guides adopted under HIPAA will be detailed with the use of a table. The tables contain a row for each segment that Nevada Medicaid has something additional, over and above, the information in the TR3s. That information can:

- Limit the repeat of loops or segments

- Limit the length of a simple data element

- Specify a sub-set of the TR3 internal code listings

- Clarify the use of loops, segments, composite, and simple data elements

- Any other information tied directly to a loop, segment, composite, or simple data element pertinent to trading electronically with Nevada Medicaid

In addition to the row for each segment, one or more additional rows are used to describe Nevada Medicaid's usage for composite and simple data elements and for any other information. Notes and comments should be placed at the deepest level of detail. For example, a note about a code value should be placed on a row specifically for that code value, not in a general note about the segment.

## 10.1 Benefit Enrollment and Maintenance (834)

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 32 | | BGN | Beginning Segment | | | |
| 32 | | BGN01 | Transaction Set Purpose Code | 00 | 2 | |
| 33 | | BGN02 | Transaction Set Identifier Code | | 1/50 | |
| 33 | | BGN03 | Date | | 8/8 | CCYYMMDD format |
| 33 | | BGN04 | Time | | 4/8 | HHMM format |
| 33-34 | | BGN05 | Time Zone Code | | 2 | |
| 35 | | BGN08 | Action Code | | 1 | 2 = Used to identify a transaction of additions, terminations and changes to the current enrollment<br><br>4 = Used to identify a transaction to verify that the sponsor and payer systems are synchronized |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 36 | | REF | Transaction Set Policy Number | | | |
| 36 | | REF01 | Reference Identification Qualifier | 38 | 2 | |
| 36 | | REF02 | Reference Identification | | 10 | 10-digit MCO Atypical Provider Identifier |
| 37 | | DTP | DTP – File Effective Date | | | |
| 37 | | DTP01 | Date/Time Qualifier | | 3/3 | |
| 37 | | DTP02 | Date Time Period Format Qualifier | D8 | 2 | |
| 37 | | DTP03 | Date Time Period | | 8 | CCYYMMDD format |
| 38 | | QTY | Transaction Set Control Totals | | | |
| 38 | | QTY01 | Quantity Qualifier | DT, ET, TO | 2/2 | DT = Dependent Total  ET = Employee Total  TO = Total |
| 38 | | QTY02 | Quantity | | 1/15 | |
| 39 | 1000A | N1 | Sponsor Name | | | |
| 39 | 1000A | N102 | Plan Sponsor Name | | | Division of Health Care Financing and Policy |
| 40 | 1000A | N103 | Identification Code Qualifier | FI | 2 | |
| 40 | 1000A | N104 | Sponsor Identifier | | 9 | '840644739' |
| 41 | 1000B | N1 | Payer Name | | | |
| 41 | 1000B | N102 | Insurer Name | | 1/60 | Provider's Name |
| 42 | 1000B | N103 | Identification Code Qualifier | FI | 2 | |
| 42 | 1000B | N104 | Insurer Identification Code | | 10 | Provider's Federal Tax ID Number |
| 47 | 2000 | INS | Member Level Detail | | | Refer to section 7.6 for multiple detail information. |
| 48 | 2000 | INS01 | Subscriber Indicator | Y | 1 | Y = Yes |
| 48-49 | 2000 | INS02 | Individual Relationship Code | 18 | 2 | 18 = Self |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 49 | 2000 | INS03 | Maintenance Type Code | 001, 021, 024, 030 | 3 | 001 = Change (to be used like code 030)<br><br>021 = Additions<br>024 = Cancellations<br>030 = Audit records<br>These will occur in separate ST/SE envelope groups. A maximum of 10,000 INS segments can occur in one ST/SE envelope. |
| 49-51 | 2000 | INS04 | Maintenance Reason Code | 07, 25, 27, 28, 33, 41, 43, AI, XN | 2 | 07 = Termination of Benefits<br><br>25 = Change in Identifying Data Elements<br><br>27 = Pre-Enrollment<br><br>28 = Initial Enrollment<br><br>33 = Personnel Data<br><br>41 = Re-enrollment<br><br>43 = Change of Location<br><br>AI = No Reason Given<br><br>XN = Notification Only |
| 51 | 2000 | INS05 | Benefit Status Code | A | 1 | A = Active |
| 51-52 | 2000 | INS06-1 | Medicare Plan Code | A-E | 1 | A = Medicare Part A<br><br>B = Medicare Part B<br><br>C = Medicare Part A and B<br><br>D = Medicare<br><br>E = No Medicare |
| 52 | 2000 | INS08 | Employment Status Code | AC | 2/2 | AC = Active |
| 53 | 2000 | INS11 | Date Time Period Format Qualifier | D8 | 2 | CCYYMMDD format |
| 54 | 2000 | INS12 | Member Date of Death | | 8 | CCYYMMDD format |
| 55 | 2000 | REF | Subscriber Identifier | | | |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 55 | 2000 | REF01 | Reference Identification Qualifier | 0F | 2 | 0F = Subscriber Number |
| 55 | 2000 | REF02 | Subscriber Identifier | | | 11-digit Nevada Medicaid Recipient ID. |
| 56 | 2000 | REF | Member Policy Number | | | |
| 56 | 2000 | REF01 | Reference Identification Qualifier | 1L | 2 | 1L= Group or Policy Number |
| 56 | 2000 | REF02 | Member Group or Policy Number | | | Assignment plan description |
| 57 | 2000 | REF | Member Supplemental Identifier | | | |
| 57 | 2000 | REF01 | Reference Identification Qualifier | 17, 3H, Q4, 60 | | 17 = Client reporting category<br><br>3H = Case Number<br><br>Q4 = Prior Identifier Number<br><br>60 = Cross reference Number |
| 58 | 2000 | REF02 | Subscriber Identifier | | | REF01 = 17, this value will contain the Aid Category Codes. |
| 59 | 2000 | DTP | Member Level Dates | | | This occurrence of the DTP segment can repeat multiple times. |
| 60 | 2000 | DTP01 | Date Time Period Qualifier | | 3/3 | |
| 60 | 2000 | DTP03 | Date Time Period | | 8 | CCYYMMDD format |
| 62 | 2100A | NM1 | Member Name | | | |
| 62-63 | 2100A | NM101 | Entity Identifier Code | IL | 2 | |
| 63 | 2100A | NM102 | Entity Type Qualifier | 1 | 1 | |
| 63 | 2100A | NM103 | Subscriber Last Name | | 1/60 | Recipient Last Name |
| 63 | 2100A | NM104 | Subscriber First Name | | 1/35 | Recipient First Name |
| 63 | 2100A | NM105 | Subscribers Middle Name | | 1 | Recipient Middle Initial |
| 63 | 2100A | NM107 | Subscribers Suffix Name | | 1/10 | Recipient Suffix |
| 64 | 2100A | NM108 | Identification Code Qualifier | 34 | 2 | 34 = SSN |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| | | | | | | |
| 64 | 2100A | NM109 | Member Identifier | | 9 | |
| 65 | 2100A | PER | Member Communications Numbers | | | |
| 66 | 2100A | PER03 | Communication Number Qualifier | TE | 2/2 | TE = Telephone |
| 66 | 2100A | PER04 | Communication Number | | 1/256 | |
| 68 | 2100A | N3 | Member Residence Street Address | | | |
| 68 | 2100A | N301 | Subscriber Address | | 1/55 | |
| 68 | 2100A | N302 | Subscriber Address (Line 2) | | 1/55 | |
| 69 | 2100A | N4 | Member City, State, Zip Code | | | |
| 69 | 2100A | N401 | Subscriber City | | 2/30 | |
| 69 | 2100A | N402 | Subscriber State | | 2 | |
| 70 | 2100A | N403 | Subscriber Zip Code | | 9 | |
| 70 | 2100A | N405 | Location Qualifier | CY | 2 | CY = County/Parish |
| 70 | 2100A | N406 | Location Identifier | | | 001 = CHURCHILL<br>002 = CLARK<br>003 = DOUGLAS<br>004 = ELKO<br>005 = ESMERALDA<br>006 = EUREKA<br>007 = HUMBOLDT<br>008 = LANDER<br>009 = LINCOLN<br>010 = LYON<br>011 = MINERAL<br>012 = NYE<br>013 = CARSON CITY<br>014 = PERSHING<br>015 = STOREY<br>016 = WASHOE |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| | | | | | | 017 = WHITE PINE |
| | | | | | | 995 = OUT OF STATE |
| | | | | | | 997 = CENTRAL OFF |
| 71 | 2100A | DMG | Member Demographics | | | |
| 71 | 2100A | DMG01 | Date Qualifier | D8 | 2/3 | D8 |
| 71 | 2100A | DMG02 | Member Birth Date | | 8 | CCYYMMDD format |
| 72 | 2100A | DMG03 | Gender Code | F, M, U | 1 | F= Female<br><br>M= Male<br><br>U= Unknown |
| 72 | 2100A | DMG04 | Marital Status Code | B, D, I, M, R, S, U, W, X | 1 | B = Registered Domestic Partner<br><br>D = Divorced<br><br>I = Single<br><br>M = Married<br><br>R = Unreported<br><br>S = Separated<br><br>U = Unmarried<br><br>W = Widowed<br><br>X = Legally Separated |
| 72-73 | 2100A | DMG05-1 | Race or Ethnicity Code | A, B, D, E, F, H, I, N, O, P | 1 | A = Asian or Pacific Islander<br><br>B = Black<br><br>D = Subcontinent Asian American<br><br>E = Other Race or Ethnicity<br><br>F= Asian Pacific American<br><br>H = Hispanic<br><br>I = American Indian or Alaskan Native<br><br>N = Black(Non-Hispanic) |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| | | | | | | O = White(Non-Hispanic) |
| | | | | | | P = Pacific Islander |
| 84 | 2100A | LUI | Member Language | | | |
| 84 | 2100A | LUI01 | Identification Code Qualifier | LE | 2 | LE = ISO 639 Language codes |
| 85 | 2100A | LUI02 | Language Code | AR, ZH, DE, EN, FR, IT, JA, KM, KO, KU, LO, PL, PT, RU, SO, ES, TL, VI | 3 | AR = Arabic |
| | | | | | | ZH = Chinese |
| | | | | | | DE = German |
| | | | | | | EN = English |
| | | | | | | FR = French |
| | | | | | | IT = Italian |
| | | | | | | JA = Japanese |
| | | | | | | KM = Central Khmer |
| | | | | | | KO = Korean |
| | | | | | | KU = Kurdish |
| | | | | | | LO = Lao |
| | | | | | | PL = Polish |
| | | | | | | PT = Portuguese |
| | | | | | | RU = Russian |
| | | | | | | SO = Somali |
| | | | | | | ES = Spanish; Castilian |
| | | | | | | TL = Tagalog |
| | | | | | | VI = Vietnamese |
| 86 | 2100B | NM1 | Incorrect Member Name | | | |
| 86 | 2100B | NM101 | Entity Identifier Code | 70 | 2 | |
| 87 | 2100B | NM103 | Prior Incorrect Last Name | | 1/60 | |
| 87 | 2100B | NM104 | Prior Incorrect First Name | | 1/35 | |
| 87 -88 | 2100B | NM108 | Identification Code Qualifier | 34 | 2 | |
| 88 | 2100B | NM109 | Prior Incorrect Insured Identifier | | 9 | SSN |
| 89 | 2100B | DMG | Incorrect Member Demographics | | | |
| 89 | 2100B | DMG01 | Date Qualifier | D8 | 2 | |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 90 | 2100B | DMG02 | Member Birth Date | | 8 | CCYYMMDD format |
| 90 | 2100B | DMG03 | Gender Code | M, F, U | 1 | |
| 92 | 2100C | NM1 | Member Mailing Address | | | |
| 92 | 2100C | NM101 | Entity Identifier Code | 31 | 2 | 31= Postal Mailing address |
| 92 | 2100C | NM102 | Entity Type Qualifier | 1 | 1 | 1 = Person |
| 94 | 2100C | N3 | Member Mail Street Address | | | |
| 94 | 2100C | N301 | Member Mailing Address | | 1/55 | |
| 94 | 2100C | N302 | Additional Member Mailing Address | | 1/55 | |
| 95 | 2100C | N4 | Member City, State, Zip Code | | | |
| 95 | 2100C | N401 | Member Mailing City | | 2/30 | |
| 95 | 2100C | N402 | Member Mailing State | | 2 | |
| 96 | 2100C | N403 | Member Mailing Zip Code | | 5/9 | |
| 122 | 2100G | NM1 | Responsible Person | | | |
| 123-124 | 2100G | NM101 | Entity Identifier Code | QD | 2 | QD= Responsible party |
| 124 | 2100G | NM102 | Entity Type Qualifier | 1 | 1 | 1 = Person |
| 124 | 2100G | NM103 | Responsible Party Last Name | | 1/60 | |
| 124 | 2100G | NM104 | Responsible Party First Name | | 1/35 | |
| 124 | 2100G | NM105 | Responsible Party Middle Initial Name | | 1 | |
| 125 | 2100G | NM107 | Responsible Party Suffix | | 1/10 | |
| 126 | 2100G | NM108 | Identification code qualifier | 34 | 2 | |
| 126 | 2100G | NM109 | Identification code | | 9 | SSN |
| 140 | 2300 | HD | Health Coverage | | | |
| 140-141 | 2300 | HD01 | Maintenance Type Code | | 3/3 | Maintenance Type Codes: 001, 002, 021, 024, 025, 026, 030, 032. |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 141 | 2300 | HD03 | Insurance Line Code | See Notes | | Insurance Line Codes: AG, AH, AJ, AK, DCP, DEN, EPO, FAC, HE, HLT, HMO, LTC, LTD, MM, MOD, PDG, POS, PPO, PRA, STD, UR, VIS. |
| | | | Health Maintenance Organization | HMO | 3 | HMO = Health Maintenance Organization |
| 141 | 2300 | HD04 | Plan Coverage Description | | 1/50 | Benefit Plan package code |
| 143 | 2300 | DTP | Health Coverage Dates | | | This occurrence of the DTP segment can repeat multiple times. |
| 143 | 2300 | DTP01 | Date Time Qualifier | | | Date/Time Qualifiers: 300, 303, 343, 348, 349, 543, 695. |
| 144 | 2300 | DTP02 | Date Time Period Qualifier | D8 RD8 | 2/3 | D8= Date expressed in format CCYYMMDD RD8= Range of dates expressed in format CCYYMDD-CCYYMMDD |
| 144 | 2300 | DTP03 | Date Time Period | | | |
| 153 | 2310 | NM1 | Provider Name | | | This loop is only reported for the Transportation MCO. |
| 153-154 | 2310 | NM101 | Entity Identifier Code | | | Entity Identifier Codes: 1X, 3D, 80, FA, OD, P3, QA, QN, Y2. |
| 154 | 2310 | NM102 | Entity Type Qualifier | 1, 2 | 1 | |
| 154 | 2310 | NM108 | Identification Code Qualifier | SV, XX | 2 | |
| 154 | 2310 | NM109 | Identification Code | | 10 | |
| 155 | 2310 | NM110 | Entity Relationship Code | 72 | 2 | 72= Unknown |
| 156 | 2310 | N3 | Provider Address | | | |
| 156 | 2310 | N301 | Provider Address | | 1/55 | |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| | | | Information | | | |
| 156 | 2310 | N302 | Provider Address Information | | 1/55 | |
| 157 | 2310 | N4 | Provider City, State, Zip Code | | | |
| 157 | 2310 | N401 | City Name | | 2/30 | |
| 157 | 2310 | N402 | State | | 2 | |
| 158 | 2310 | N403 | Zip Code | | 5 or 9 | |
| 159 | 2310 | PER | Provider Communications Numbers | | | |
| 160 | 2310 | PER03 | Communication Number Qualifier | | 2 | Communication Number Qualifiers: AP, BN, CP, EM, EX, FX, HP, TE, WP. |
| 160 | 2310 | PER04 | Communication Number | | 10 | |
| 162 | 2310 | PLA | Provider Change Reason | | | |
| 162 | 2310 | PLA01 | Action Code | 2 | 1/2 | |
| 162 | 2310 | PLA02 | Entity Identifier | 1P | 2/3 | |
| 162 | 2310 | PLA03 | Date | | 8/8 | (CCYYMMDD) |
| 163 | 2310 | PLA05 | Maintenance Reason Code | | 2/3 | |
| 164 | 2320 | COB | Coordination of Benefits | | | |
| 164 | 2320 | COB01 | Payer Responsibility Sequence Number Code | U | | U = Unknown |
| 164-165 | 2320 | COB03 | Coordination of Benefits Code | 1, 5, 6 | 1 | |
| 165 | 2320 | COB04 | Service Type Code | 1, 35, 48, 50, 54, 89, 90, A4, AG, AL, BB | 1/2 | 1=Medical<br><br>35=Dental Care<br><br>48=Hospital (Inpatient)<br><br>50=Hospital (Outpatient)<br><br>54=Long Term Care |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| | | | | | | 89=Free Standing Prescription Drug |
| | | | | | | 90=Mail Order Prescription Drug |
| | | | | | | A4=Psychiatric |
| | | | | | | AG=Skilled Nursing Care |
| | | | | | | AL=Vision (Optometry) |
| | | | | | | BB=Partial Hospitalization (Psychiatric) |
| 166 | 2320 | REF | Additional Coordination of Benefits Identifiers | | | |
| 166 | 2320 | REF01 | Reference Identification | 60, 6P, | | |
| 167 | 2320 | REF02 | Reference Identification | | 1/50 | |
| 168 | 2320 | DTP | Coordination of Benefits Eligibility Dates | | | This occurrence of the DTP segment can repeat multiple times. |
| 168 | 2320 | DTP01 | Date Time Qualifier | 344, 345 | 3 | 344= Begin<br>345= End |
| 168 | 2320 | DTP03 | Coordination of Benefits Date | | 8 | (CCYYMMDD) |
| 169 | 2330 | NM1 | Coordination of Benefits Related Entity | | | |
| 169 | 2330 | NM101 | Entity Identifier Code | GW, IN | 2/3 | GW = Group<br>IN = Insurer |
| 170 | 2330 | NM102 | Entity Type Qualifier | 2 | 1 | |
| 170 | 2330 | NM103 | Name Last or Organization Name | | 1/60 | |
| 170 | 2330 | NM108 | Identification Code Qualifier | NI | 2 | NI = National Association of insurance commissioners identification |
| 170 | 2330 | NM109 | Identification Code | | 2/80 | |

| TR3 Page # | Loop ID | Reference | Name | Codes | Length | Notes/Comments |
|---|---|---|---|---|---|---|
| 174 | 2330 | PER | Administrative Communications Contact | | | |
| 174 | 2330 | PER01 | Contact Function Code | CN | 2/2 | CN=General Contact |
| 175 | 2330 | PER03 | Communication Number Qualifier | TE | 2/2 | TE=Telephone |
| 175 | 2330 | PER04 | Communication Number | | | |
| 177 | 2710 | LX | Member Reporting Categories | | | |
| 177 | 2710 | LX01 | Assigned Number | | 1/6 | |
| 179 | 2750 | REF | Reporting Category Reference | | | |
| 179 | 2750 | REF01 | Reference Identification Qualifier | | 2/3 | |
| 180 | 2750 | REF02 | Reference Identification | | 1/50 | |

# Appendix A: Aid Code/Description

| MCO MEDICAID |
|---|
| AM5 / TANF MEDICAID |
| AM55 / TANF MEDICAID - OBRA BABY |
| AMA / TANF MEDICAID |
| AMP / TANF MEDICAID |
| AO5 / AGED OUT FOSTER CHILD |
| CH5 / CHAP |
| CH55 / CHAP - OBRA BABY |
| CHA / CHAP |
| CHP / CHAP |
| CH1P / CH EXPANDED MEDICAID |
| PM5 / POST MEDICAL DUE TO EXCESS CHILD SUPPORT |
| PM55 / POST MEDICAL - OBRA BABY |
| PMA / POST MEDICAL DUE TO EXCESS CHILD SUPPORT |
| PMP / POST MEDICAL DUE TO EXCESS CHILD SUPPORT |
| SN5 / SNEEDE VS. KIZER |
| SNA / SNEEDE VS. KIZER |
| SNP / SNEEDE VS. KIZER |
| TR5 / TRANSITIONAL MEDICAL |
| TR5A / TRANSITIONAL MEDICAL - OBRA BABY |
| TRA / TRANSITIONAL MEDICAL |
| TRP / TRANSITIONAL MEDICAL |
| AM5A / TANF MEDICAID - OBRA BABY |
| AO55 / AGED OUT - OBRA BABY |
| CA55 / OBRA BABY WITH INELIGIBLE ALIEN ADULT |
| CA5A / OBRA BABY WITH INELIGIBLE ALIEN ADULT |
| CH5A / CHAP - OBRA BABY |
| COA1 / CHILD ONLY WITH INELIGIBLE ALIEN ADULT |
| COA5 / CHILD ONLY WITH INELIGIBLE ALIEN ADULT |
| COAB / CHILD ONLY WITH INELIGIBLE ALIEN ADULT |
| COAP / CHILD ONLY WITH INELIGIBLE ALIEN ADULT |
| COK1 / CHILD ONLY KINSHIP |
| COK5 / CHILD ONLY KINSHIP |
| COKB / CHILD ONLY KINSHIP |
| COKP / CHILD ONLY KINSHIP |
| CON1 / CHILD ONLY WITH NON-NEEDY CARETAKERS |
| CON5 / CHILD ONLY WITH NON-NEEDY CARETAKERS |
| CONB / CHILD ONLY WITH NON-NEEDY CARETAKERS |

| |
|---|
| CONP / CHILD ONLY WITH NON-NEEDY CARETAKERS |
| COS1 / CHILD ONLY WITH ADULT RECEIVING SSI |
| COS5 / CHILD ONLY WITH ADULT RECEIVING SSI |
| COSB / CHILD ONLY WITH ADULT RECEIVING SSI |
| COSP / CHILD ONLY WITH ADULT RECEIVING SSI |
| PM5A / POST MEDICAL - OBRA BABY |
| SN55 / SNEEDE VS. KIZER - OBRA BABY |
| SN5A / SNEEDE VS. KIZER - OBRA BABY |
| TR55 / TRANSITIONAL MEDICAL - OBRA BABY |

| **EXPANSION ACA** |
|---|
| AM15 / AM EXPANDED MEDICAID |
| CA5 / CHILDLESS ADULT |
| CH15 / CH EXPANDED MEDICAID |
| CH1A / CH EXPANDED MEDICAID |

| **NV CHECK UP** |
|---|
| NC5 / CHECK-UP |

# Appendix B: Implementation Checklist

This appendix contains all necessary steps for receiving 834 files from Nevada Medicaid.

1. Call the Nevada Medicaid EDI Help Desk with any questions at (877) 638-3472 options 2, 0, and then 3 or send an email to nvmmis.edisupport@dxc.com.

2. Check the Nevada Medicaid website at www.medicaid.nv.gov regularly for the latest updates.

3. Review the Trading Partner User Guide which includes enrollment and testing information.  This can be found on the EDI webpage at: https://www.medicaid.nv.gov/providers/edi.aspx.

4. Confirm you have completed your Trading Partner Agreement and been assigned a Trading Partner ID.

5. Make the appropriate changes to your systems/business processes to support the updated companion guides. If you use a third party software, work with your software vendor to have the appropriate software installed.

6. Identify the transactions you will be testing:

   - Benefit Enrollment and Maintenance (834)

   - Health Care Premium Payment (820)

7. Schedule a week for the initial test.

# Appendix C: SNIP Edit (Compliance)

The Workgroup for Electronic Data Interchange (WEDI) Strategic National Implementation Process (SNIP) recommends seven types of testing to determine compliance with HIPAA.  Nevada Medicaid has adopted this through SNIP Level 4 edits. At this level a claim's inter-segment relationships are validated. For example, if element A exists, then element B should be populated.

The following SNIP Level 4 edits are applied to the 834 transaction before being delivered to the Trading Partner:

| LOOP | MESSAGE |
| --- | --- |
| 2000 | 2100A DMG04 is not used when 2000 INS01 = "N". |
| 2000 | 2100A DMG06 is not used when 2000 INS01 = "N". |
| 2000 | 2000 INS03 = "030" when BGN08 = "4" |
| 2000 | 2000 INS03 = "030" when BGN08 = "RX" |
| 2100A | 2100B loop must be present when 2100A NM101 = "74". |
| 2100A | 2100A N4 must be present when 2100A N3 used |
| 2100A | 2100A N3 must be present when 2100A N4 used |
| 2100D | 2100D N4 must be present when 2100D N3 used |
| 2100D | 2100D N3 must be present when 2100D N4 used |
| 2100E | 2100E N4 must be present when 2100E N3 used |
| 2100E | 2100E N3 must be present when 2100E N4 used |
| 2100F | 2100F N4 must be present when 2100F N3 used |
| 2100F | 2100F N3 must be present when 2100F N4 used |
| 2100G | 2100G N4 must be present when 2100G N3 used |
| 2100G | 2100G N3 must be present when 2100G N4 used |
| 2100H | 2100H N4 must be present when 2100H N3 used |
| 2100H | 2100H N3 must be present when 2100H N4 used |
| 2300 | 2300 HD01 = "030" when BGN08 = "4" |
| 2300 | 2300 HD01 = "030" when BGN08 = "RX" |
| 2310 | 2310 N4 must be present when 2310 N3 used |
| 2310 | 2310 N3 must be present when 2310 N4 used |
| 2330 | 2330 N4 must be present when 2330 N3 used |
| 2330 | 2330 N3 must be present when 2330 N4 used |

# Appendix D: Transmission Examples

This is an example of a batch file that contains one (2) members. For Nevada Medicaid batch files have the ability to loop at the functional group, transaction and hierarchical levels. Each functional group within an interchange has to be the same transaction type.

ISA*00*      *00*      *ZZ*NVMED      *ZZ*TPID1234      *180501*2134*^*00501*100000004*0*T*:
GS*BE*NVMED*TPID1234*20180501*213450*100000004*X*005010X220A1
ST*834*1000*005010X220A1
BGN*00*DAILY 201806 0001*20180501*2134*MT***2
REF*38*1740706985
DTP*007*D8*20180601
QTY*TO*2
N1*P5*DIVISION OF HEALTH CARE FINANCING AND POLICY*FI*840644739
N1*IN*NEVADA DENTAL PLAN OF NEVADA INC*FI*123456789
INS*Y*18*021*28*A*E**AC
REF*0F*99981681682
REF*1L*1740706985
REF*17*CH5
REF*3H*81681600088
DTP*356*D8*20180501
NM1*IL*1*DGKDJKGJK*FDJKFDJ****34*988899999
N3*1243 NANN
N4*CLARK*NV*890060000**CY*002
DMG*D8*19850101*F*U*F
LUI*LE*EN
NM1*QD*1*MKOB*SSRMJ*W***34*222731752
HD*021**DCP*CH5
DTP*348*D8*20180501
INS*Y*18*021*28*A*E**AC
REF*0F*75002298426
REF*1L*1740706985
REF*17*NC5
REF*3H*99881610088
DTP*356*D8*20180201
NM1*IL*1*PPOJJ*KJGG****34*334106921
N3*098
N4*WASHOE*NV*890060000**CY*002
DMG*D8*20080101*F*U*7
LUI*LE*EN
NM1*QD*1*PPOJJ*KJGG****34*334106921
HD*021**DCP*NC5
DTP*348*D8*20180601
SE*36*1000
GE*1*100000004
IEA*1*100000004

These are examples of files which contain multiple detail information.

Example_1: Recipient Managed Care assignment is retro end dated, and a new Managed Care Assignment is added on the same day.

INS*Y*18*024*07*A*E**AC
REF*0F*00000246246
REF*1L*9005052608
REF*17*NC5
REF*3H*11229510088
DTP*356*D8*20181001
DTP*357*D8*20181231
NM1*IL*1*DOE*JOHN****34*197024294
N3*1111  SAMPLE DR
N4*RENO*NV*895120000**CY*016
DMG*D8*20110920*M*I*O
LUI*LE*ES
NM1*QD*1*DOE*JAMES****34*513579710
HD*024**HMO*NC5
DTP*348*D8*20181001
DTP*349*D8*20181231
INS*Y*18*021*28*A*E**AC
REF*0F*00002465254
REF*1L*9005052608
REF*17*NC5
REF*3H*11229510088
DTP*356*D8*20190201
NM1*IL*1*DOE*JOHN****34*197024294
N3*1111  SAMPLE DR
N4*RENO*NV*895120000**CY*016
DMG*D8*20110920*M*I*O
LUI*LE*ES
NM1*QD*1*DOE*JAMES****34*513579710
HD*021**HMO*NC5
DTP*348*D8*20190201

Example_2: Recipient has Managed Care Eligibility and Assignments with gaps/breaks in coverage dates with different aid categories, added on the same day for the same MCO.

INS*Y*18*021*28*A*E**AC
REF*0F*00000384384
REF*1L*9005052608
REF*17*CH5
REF*3H*00038438488
DTP*356*D8*20181001
DTP*357*D8*20181231
NM1*IL*1*VOLKSWAGEN*JETTA****34*658003845
N3*500 POINT VIEW CIRCLE
N4*RENO*NV*895020000**CY*016
DMG*D8*19650906*F*U*H
LUI*LE*EN

NM1*QD*1*VOLKSWAGEN*JETTA****34*658003845
HD*021**HMO*CH5
DTP*348*D8*20181001
DTP*349*D8*20181231
INS*Y*18*021*28*A*E**AC
REF*0F*00000384384
REF*1L*9005052608
REF*17*AM15
REF*3H*00038438488
DTP*356*D8*20190201
DTP*357*D8*20190430
NM1*IL*1*VOLKSWAGEN*JETTA****34*658003845
N3*500 POINT VIEW CIRCLE
N4*RENO*NV*895020000**CY*016
DMG*D8*19650906*F*U*H
LUI*LE*EN
NM1*QD*1*VOLKSWAGEN*JETTA****34*658003845
HD*021**HMO*AM15
DTP*348*D8*20190201
DTP*349*D8*20190430
INS*Y*18*021*28*A*E**AC
REF*0F*00000384384
REF*1L*9005052608
REF*17*AM5
REF*3H*00038438488
DTP*356*D8*20190601
NM1*IL*1*VOLKSWAGEN*JETTA****34*658003845
N3*500 POINT VIEW CIRCLE
N4*RENO*NV*895020000**CY*016
DMG*D8*19650906*F*U*H
LUI*LE*EN
NM1*QD*1*VOLKSWAGEN*JETTA****34*658003845
HD*021**HMO*AM5
DTP*348*D8*20190601

**These are examples of files which contain historied assignment.**

Example_1: The Recipient has active current Managed Care Assignment and history past assignment with NO gap/breaks in coverages dates.

  INS*Y*18***024***07*A*E**AC
  REF*0F*00000715469
  REF*1L*9005052590
  REF*3H*25018500088
  DTP*356*D8*20200201

DTP*357*D8*20200201
NM1*IL*1*GUZMAN*LIBRA****34*546217345
N3*7878 RIO GRANDE
N4*LAS VEGAS*NV*891300000**CY*002
DMG*D8*19850725*F*U*O
LUI*LE*EN
NM1*QD*1*GUZMAN*LIBRA****34*546217345
HD***002**\*HMO
DTP*348*D8*20200201
DTP*349*D8*20200201
INS*Y*18***001**\*AI*A*E**AC
REF*0F*00000715469
REF*1L*9005052590
REF*17*CA5
REF*3H*25018500088
DTP*356*D8*20200501
NM1*IL*1*GUZMAN*LIBRA****34*546217345
N3*7878 RIO GRANDE
N4*LAS VEGAS*NV*891300000**CY*002
DMG*D8*19850725*F*U*O
LUI*LE*EN
NM1*QD*1*GUZMAN*LIBRA****34*546217345
HD***001**\*HMO*CA5
DTP*348*D8*20200501

Example_2: The recipient current active Managed Care assignment is historied with gap/breaks in coverages dates.

INS*Y*18***024**\*07*A*E**AC
REF*0F*00000767234
REF*1L*9005052608
REF*17*AM5
REF*3H*53117500088
DTP*356*D8*20200601
DTP*357*D8*20200601
NM1*IL*1*QUINTO*LEO****34*918624467
N3*2375 MAYER WAY
N4*SPARKS*NV*894310000**CY*016
DMG*D8*19750605*M*U*H
LUI*LE*EN
NM1*QD*1*QUINTO*LEO****34*918624467
HD***002**\*HMO*AM5
DTP*348*D8*20200601
DTP*349*D8*20200601

**This is an example of a file which contains one-day assignment.**

Example_3: The recipient Managed Care assignment effective date is the same date as the date of death: One-day Assignment.

```
INS*Y*18*024*07*A*E**AC***D8*20200606
REF*0F*00001234567
REF*1L*9005052590
REF*17*CH5
REF*3H*12345600088
DTP*356*D8*20200606
DTP*357*D8*20200606
NM1*IL*1*TEST*JAKE****34*000124321
PER*IP**TE*7025961234
N3*1234 PURPLE CT
N4*LAS VEGAS*NV*891130000**CY*002
DMG*D8*20200606*F*I*E
LUI*LE*ZH
NM1*QD*1*TEST*JANE****34*680123456
HD*024**HMO*CH5
DTP*348*D8*20200606
DTP*349*D8*20200606
```

# Appendix E: Frequently Asked Questions

This appendix contains a compilation of questions and answers relative to Nevada Medicaid and its providers.

**Q:** As a Trading Partner or clearinghouse, who should I contact if I have questions about testing, specifications, Trading Partner enrollment or if I need technical assistance with electronic submission?

**A:** After visiting the Nevada Medicaid EDI webpage located at: https://www.medicaid.nv.gov/providers/edi.aspx if you still have questions regarding EDI testing and Trading Partner enrollment, support is available Monday through Friday 8 a.m.-5 p.m. Pacific Time by calling toll-free at (877) 638-3472 option 2, 0, and then 3. You can send an email to nvmmis.edisupport@dxc.com.

**Q:** How do I receive EDI files through the secure Nevada Medicaid SFTP server in production?

**A:** Once you have satisfied testing, you will receive an approval letter via email, which will contain the URL to connect to production.

**Q:** Where can I find a copy of the HIPAA ANSI TR3 documents?

**A:** The TR3 documents must be purchased from the Washington Publishing Company at www.wpc-edi.com.

**Q:** Will an expected due date be sent for a pregnant member? If so, where will the expected due date be sent on the 834 file?

**A:** It will not be sent on 834, there is a separate report sent monthly, Expected Due Date Report.

# Appendix F: Change Summary

This section describes the differences between the current Companion Guide and previous versions of the guide.

| Published / Revised | Section / Nature of change |
| --- | --- |
| 06/28/2018 | Initial version published. |
| 11/07/2018 | Added the below to Section 10:<br>Added BGN03 and BGN04<br>Added QTY (Transaction Set Control Totals) segment<br>Added Code "001" to 2000 INS03<br>Added Notes/Comments to 2000 INS03<br>Added 2000 INS06-1<br>Removed 2000 INS10<br>Added Notes/Comments to 2000 REF02<br>Removed code "ZZ" from 2100A NM108<br>Added 2100A N406<br>Added 2100A DMG04<br>Updated Codes and Notes/Comments field for 2100A DMG05-1<br>Added Codes and Notes/Comments field for 2100A LUI01<br>Removed 2100G PER, N3 and N4 segments<br>Removed 2300 HD05<br>Added 2310 N3 segment<br>Added 2310 PLA segment<br>Added 2320 COB04<br>Added code "GW" to 2330 NM101<br>Added 2330 PER segment<br>Added Loop 2710 LX<br>Added Loop 2750 REF<br>Added CH1P / CH EXPANDED MEDICAID and TR5A / TRANSITIONAL MEDICAL -<br>OBRA BABY to Appendix A: Aid Code/Description |
| 04/05/2019 | Updated section 2.1 to Trading Partner Enrollment.<br>Updated provider website link in section 2.1.<br>Updated provider website link in section 3.4. |
| 08/01/2019 | Updated section 7.1 834 Availability. |
| 11/05/2019 | Added section 7.6 Multiple Loops.<br>Added multiple loop examples in Appendix D - Transmission Examples. |
| 11/02/2020 | Updated section 7.1 834 Availability.<br>Added section 7.7 Historied Assignments vs One-Day Assignments.<br>Added Historied Assignments vs One-Day Assignments examples in Appendix D. |
| 12/18/2020 | Updated section 10.1 with Maintenance Reason Code, Reference INS04. |